

***Authorization for Release of Personal Information
To Law Enforcement Agencies for
Certification I Employment Purposes***

To Whom It May Concern:

I am an applicant for a position with the Newton Police Department. In order to determine my suitability for employment, I understand that the Newton Police Department of Newton, North Carolina must make a thorough investigation of my personal records and personal background. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

Therefore, I _____, DOB _____
Operators License # - _____, do hereby request and authorize any bank, credit union, lending or financial institution, credit bureau, consumer report agency, retail business establishment, former or present employer, educational institution, doctor or other health care professional including mental health, alcohol treatment center, hospital of other repository of medical records, insurance company, governmental agency, criminal and civil courts, certification/licensing commission, military organization and any other individual agency to produce and provide copies of any and all information to the authorized agent of the Newton Police Department of Newton, North Carolina regarding me whether of a privileged or confidential nature.

Moreover, I hereby release the Newton Police Department of Newton, North Carolina from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my employment with the City of Newton. And, I hereby release the issuing agency and it's agents and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization and request.

I further waive all right to inspect or review any information compiled in reference to my application for employment as allowed by law. I do further authorize the Newton Police Department, it's agents and employees, to release copies of any and all information to any agency or entity regulating the certification, authority or conduct of law enforcement officers. This is to include, but not limited to: North Carolina Criminal Justice Education & Training Standards Commission, North Carolina Sheriff's Education and Training Standards Commission, North Carolina Attorney General's Office, agencies of other states and the federal government, and the applicant's/officer's employing agency.

I hereby acknowledge that this authorization is valid for one (1) year or until the employment application or investigation process has been completed, whichever is later.

A copy of this document is considered valid, just as the original.

I have read and fully understand the above statements.

Applicant/Officer Signature

Address

Printed Name

City/State/Zip

Phone Number

STATE OF NORTH CAROLINA
COUNTY OF CATAWBA

Subscribed and sworn to before me, this the ____ day of _____, 20 ____ . (Seal)

Notary Public

My Commission Expires: _____